



Purchase Voucher

Agency: 529

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01088693

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 17608023978/000

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS, TX 78730-5115

Freight Amount: \$0.00

Gross Amount (includes Frt.): \$762,500.00

Discount Amt Taken: \$0.00

Payment Amount: \$762,500.00

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description					AMOUNT
1	0000088840	0		TPCN-12.9	ALTERNATIVES TD ABDRATIDN-TX PREGNANCY CARE NETWORK (Fulfill the					\$762,500.00
ShipTo ID	Non-HHSAS Contract ID									
2010	Contract#	Wkfc	Org PmtDt	IC	RC	Invoice DT:	04/20/16	Req'd Pay DT:		
	529-10-0013-00001	N				Inv Recvd DT:	04/20/16	Pay Due DT:	05/31/16	
	Account	Entry Event	Fund	Dept	Program	Class	Budget Ref	Pri/Grant	Amount	
1.1	725300		0001	716	5016	03138	2016	TANF100F	\$762,500.00	
	Open Item Key:					Conf:N			Certified Amt:	0.00

Descriptive Legal Text (DLT Comments):

DOS: MAY 2016

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

96
MAY 25 2016

04/26/2016

Approved By	Approver Phone/Area+Number	Date Approved	Date Entered into HHSAS
			Wagner,Cathy J (ONL LID)
Approved By	Approver Phone/Area+Number	Date Approved	Entered By
Contact Name		Contact Phone/Area+Number	

1088693

Contract Vendor Invoice Payment Request



HHSC Office of Social Services
Community Access & Services

Alternatives to Abortion-Texas Pregnancy Care Network

The attached invoice is approved for payment

Invoice Date:	4/21/16		
Invoice Number:	TPCN 12.9		
Dept. ID/Speedchart:	716		
Object Code:	725300		
Contract Number:	529-10-0013-00001F		
Contract Name:	Texas Pregnancy Care Network		
TIN:	1760802397		
Mail Code:			
Purchase Order Number:	52900-6-0000088840		
Month of Service:	May 2016	Amount:	\$ 762,500.00
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date:	4/20/16
Payment Due Date or Before:	*June 1, 2016

Total Amount:
\$762,500.00

CONTACT		DATE
Preparer's Name:	Andrea Costley	4/21/2016
Preparer's Phone:	512-206-5624	4/21/2016

APR 25 2016

FINANCIAL MANAGER		DATE
Beth Zahn	<i>Beth</i>	4/21/2016

512-206-5111		DATE
SIMONOFF		DATE
Agency Contact/Preparer's Signature:	<i>[Signature]</i>	4/21/2016

HANH NGO
512-487-3388



Texas Pregnancy Care Network (TPCN)

INVOICE

Billing Office:

Texas Pregnancy Care Network (TPCN)
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Billing Address:

Andrea Costley
Texas Health and Human Services Commission
909 W. 45th Street
Building 555, MC 2010
Austin, TX 78751

Remittance Address:

Texas Pregnancy Care Network
1101 S. Capital of Texas Highway
Building K, Suite 250
Austin, TX 78746

Taxpayer ID No. 76-0802397

**Amounts due may be remitted
by Electronic Funds**

To: Business Bank of Texas, N.A.

1910 W. Braker Ln
Building 3, Suite 100
Austin, TX 78758

Routing No. 114925615

Account:

Texas Pregnancy Care Network
1005126

Invoice Number: TPCN-12.9

Invoice Date: April 20, 2016

Due Date: May 31, 2016

For Professional Services Rendered:

RE:

Contract Number: 529-10-0013-00001F

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed on or about February 29, 2016 (attached).

Payment 12.9: Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

Due Date: May 31, 2016

\$762,500.00

Amount Due **\$762,500.00**

Section 1.06 Modification to Section 4.02 General Payment Terms.

This is a modification to Section 4.02 of the Original Agreement. HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 for the work performed in accordance to this Amendment.

(a) Payment Methodology

HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 as applicable.

(b) Payment Schedule

Payment No.	Description	Due Date	Amount
12.7	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	March 31, 2016	\$762,500.00
12.8	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	April 30, 2016	\$762,500.00
12.9	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	May 31, 2016	\$762,500.00

ARTICLE II. REPRESENTATIONS AND AGREEMENT OF THE PARTIES

The Parties hereto contract and agree that the terms of the Original Agreement, Amendment One, Two, Three, Four and Five shall remain in effect and continue to govern except to the extent modified herein. By signing this Amendment Six, the Parties expressly understand and agree that Amendment Six is hereby made a part of the Original Agreement as though it were set out word for word therein.

Health & Human Services Commission

Purchase Order CHANGE ORDER

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	52900-6-000008840
Net 30	FOB Dest. Prepaid & All Best Way		Date	Revision
If advertised by informal bid, invitation for offer, or request for proposal, all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.				
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.				

Vendor: 1760802397
TEXAS PREGNANCY CARE NETWORK
1101 S CAPITAL OF TEXAS HWY
STE K250
WEST LAKE HILLS TX 78730-5115

Bill To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4900 N Lamar Blvd
Austin TX 78751
United States
Phone: 512-424-6818
Fax: 512-424-8801
Email: HHSC_AP@hhsc.state.tx.us

Line-Sch	Inventory Item ID - Line Description	Class-Item	Purchaser	Kessler,Autumn (PCS)	512.406.2583
			Quantity UOM	PO Price	Extended Amt Due Date
1- 1	Fulfill the terms of contract number 529-10-0013-00001E from dates 09/01/2015 through 02/29/2016	962-58	1.00LOT	3,050,000.00000	3,050,000.00 11/12/2015
				Schedule Total	<u>3,050,000.00</u>
	Contract ID: 529-10-0013-00001	Contract Line: 0	Release: 8		
				Item Total for Line	<u>1</u> <u>3,050,000.00</u>
2- 1	Fulfill the terms of contract number 529-10-0013-00001F from dates 09/01/2015 through 05/31/2016	952-01	1.00LOT	2,287,500.00000	2,287,500.00 03/16/2016
				Schedule Total	<u>2,287,500.00</u>
	Contract ID: 529-10-0013-00001	Contract Line: 0	Release: 9		
				Item Total for Line	<u>2</u> <u>2,287,500.00</u>
				Total PO Amount	<u>5,337,500.00</u>

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.